REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE (Summary Page)	#/ n/5	TIGELYED RAU GLEATIAN
1. NAME OF COMMITTEE (in full)	हरुसओ।	RAN ELECTION STON MAYL RODY
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPE	NDITURES	
ADDRESS (number and street) Check if different than previously		2.FEC.IDENTIFICATION NUM
320 FIRST STREET, S.E.		C 000 45820 33
CITY,STATE and ZIP CODE		3. This committee qualifie
WASHINGTON, D.C. 20003		a multicandidat a commetea.
		(See FEC FORM 1M)
4. TYPE OF REPORT		
(a)		_ .
	Monthly Report Due C	October 20
_	Feb 20 June 20 March 20 July 20	November 20
July 15 Qualitarily Report	March 20 July 20 April 20 Aug 20	December 20
	May 20 Sept 20	Jenuery 31
October 15 Quarterly Report	, 24 <u>25</u> [
January 31 Year End Report	Twelfth day raport precadir.	
Dandary of Year Elizabeth		(Type Of Election)
July 31 Mid Year Report (Non-election Year Only)	election 🕶	In the state of
	Tuestate day mand followin	ig the General Election on
Termination Report	I filmen day report rollowin	ig tile Denotal Clother on
	in the State of	. <u></u>
<u> </u>		
(b) Is this Report an Amendment? Yes NO		
SUMMARY	COLUMN A	COLUMN B
5 Covering Period 8-1-99 through 8-31-99	This Period	Calendar Year-to-Date
		\$537,905.32
6 (a) Cash on Hand January 1, 1999		
(b) Cash on Hand at Beginning of Reporting Period	\$777,293.72	
and the state of t	\$3,019,943.16	\$24,005,315.53
(c) Total Receipts (from Line 19)	i	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A	\$3,797,236.88	\$24,543,220.85
and Lines 6(a) and 6(c) for Column 8)	<u> </u>	
7 Total Disbursements (from Line 30)	\$3,107,527.91	\$23,853,511.88
		\$689,708.97
B Cash on Hand at Close of Reporting Period (line 7 fm Line 6(c))	\$689,708.97	For further information conta
9 Debts and Obligations Owed TO the Committee	\$0.00	
(Itemize all on Schedule C and/or Schedule D)	. 	999 E Street, NW
10 Debts and Obligations Owed BY the Committee	\$0.00	
(Itemize all on Schedule C and/or Schedule D)	<u> </u>	Toll Free 800-424-9530
I certify that I have examined this Report and to the best of my knowledge and belief II is true, correct		Local 202-219-3420
and complete.		
Type or Print Name of Treasurer DONNA M. ANDERSON		
Signature of Treasurer		Date
		9/20/99
NOTE: Submission of false, errorsous, or incomplete infromation may subject the person signing this Report to the Penalties of 2 U.S.C. Sec		
NOTE: Submission of false, enonsous, or incomplete infromation may subject the	hareout selected and Lephon	FEC FORM 3X
		(revised 9/93)
		<u> </u>